STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME INTO DEFECT. Elsie Bernoski November 17, 1987 A AGE S. DATE OF BERTH AND IN OVEMBER 17, 1987 A AGE S. DATE OF BERTH	6 NOV 2	4-8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2 5	0 2
S. SEX			OR PRINTS			MIDDLE					111
New York					4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
Pr. Frederick Galvert Memorial Hospital Housewife Housewife Housewife Homemaker Housewife Homemaker Housewife Homemaker Housewife Homemaker Ho	7	Nei	WYork		USA		WIDOWE	DIVORCED [Calvert	UNTY OF DEATH	MD.
136_CUNTY 136_	7 P	r.	Frederick	2	Calver	H FACILITY, GIVE STREET Memoria	1 Hos	POTHER INSTITUTION		KING LIFE) 126 KINE INDUSTE Hom	OF BUSINESS OR P emaker
Alexandra Bortmik ADDRESS 243 Falcon Drive Noes No OR UNINNOWN (F YES NO OR UNINNOWN) (Ma.	ryland	136 COUN Calv	other institution ITY rert	SOLOMON!	ADMISSION) N	YES NO		code Ave.	20688
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OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH			gove rise to imm couse (o), stotin underlying cause PART 2 OTHER SIGN	nediote g the lost	(b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF		200 AUTOPSY? 20b.	IF YES, WERE FIN	DINGS USED
270.1 certify that (1) (this hospital) attended the deceased from Jane 1987, that (1) (we) last sow the deceased olive an November 1987, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death.	7/	HE							INC	LEKTIFYING CAUS	
sow the deceased alive an November 1619 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.	4/1	_	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A	M. MONTH DA		21c HOW INJURY OCCUR	YES NO	اسا	
	4.1	_	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA	HOUR A P 21e. PLACE	M. MONTH DA M. OF INJURY	19	21f LOCATION	YES NO	EM 18 PART I OR PART	
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Charles Bennett M.P. Lusby, Md. 20657 230 BURIAL CREMATION, REMOVAL 1230, DATE 1230 NAME OF CEMETERY OR CREMATOR 1230 LOCATION	7	MEDICAL	OR CONTRIBUTING OF CHEET OF CH	AUSE OF DEA CALEXAMINER RED (this hospit ed olive an, did) (did not) AME (TYPE O	HOUR A P 21e PLACE (AT HOME ST tol) ottended th Nove th view the body PRINTI Pennet	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F the deceosed from the long of the deoth. M.O. M.O.	19 ARM, ETC)	21f LOCATION STREET 21f LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO RED (ENTERNATURE OF INJURY IN IT	COUNTY 19 87 19 87 10 hour and from to the total No.	STATE that (I) (we) last the couses stated

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Burial 11-20-1907 our lesy ter of the is colorons laiver, angland

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending provident should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

etained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEPAK	CERTIFICATION OF THE ALT	TE OF DEATH	REG. NO	0 %	100	0
	CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR	2b HOUR
	Herman		owen			ov. 5	87	1312
3. SE)	X	4. RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 H
107	ale	White	Dec. 27	7, 1916 FEAR	70	YRS.		HOURS M
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Calvert	COUNTY OF	DEATH	
	ity or town of death	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Calvert Memori	ET ADDRESS)		12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF Barber	WORKING LIFE)	Self I	Emp.
13a. S	STATE 136. COUN	vort Pr. Fre	WN 113d.	INSIDE CITY LIMITS?	Box 31, G		hapel	Rd. 2
	ather's NAME erman Samuel Bo	MIDDLE LAST	15 A	Clara Bowe	MIDDLE		LAST	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IEYES, GIV PS	MED FORCES? 166 SOCIAL SEC (F. WAR OR DATES) 212-14		Margaret R	. Bowen, Sai		13 A-H	C
	the second secon	DUE TO, OR AS A CONSEQU				- 1		
NOIL		DUE TO, OR AS CONSEDI	DEATH BUT NOT					95°L0
TIFICATION	gave rise to immediate couse (a), stating the underlying cause last	(10) Cay	DEATH BUT NOT		INAL DISEASE OR COND 70a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES	GS USED
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEL (IF EITHER NOTIFY MEDICAL EXAMINES)	196. CONDITION FOR WHIC	D DEATH BUT NOT H OPERATION WA DAY YEAR 19	AS PERFORMED HOW INJURY OCCUR!	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES	GS USED OF DEATH?
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CAL	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (198). DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALINE STATE OF DEALINESS (IF EITHER NOTIFY MEDICAL EXAMINES ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK (I) (we) (did no 122b. SIGNATURE)	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE attal) attended the deceased fram (AT VIEW the bady after death.	DOPEATH BUT NOT H OPERATION WA DAY YEAR 19 211. , and the DEGR	AS PERFORMED HOW INJURY OCCUR! LOCATION STREET 19 at in (my) (aur) apinian REE ATTENDING PHYSICIAN ADDRESS	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV , to death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES	ERE FINDIN G CAUSES () OR PART 2) COUNTY	GS USED OF DEATH? NO STATE that (I) (we) causes stated
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Box 34B, Port Republic, Maryland 20676

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terman Saxuel Bowen

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W. C. . Box 30, 10rt landeling, married 20, 76 and . C. Th

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FOR

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖂

26 HOUR

IF UNDER 24 HRS

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STATE

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AND THE RESERVED AND THE SECOND

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death sentitions by executed within 24 hours after death. Page 4 may be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending plu, claim and complete filling in by the function, page 3 should be detached for use as the buriot-transit permit. Then please remove combanding the complete many and the contraction of the death	with the Stote Dept. of Heolih and Mental Hygiene prior to burial, cremation, or remaining the American Mental Is shows any injury, or other traumotic event. The discontinuation and the discontinuat

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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-		FOR TSTATE REGISTRAR		DEPARTI		EALTH AND I	MENTAL HYG		3 G. NO.	2	5	0 0	
		CEASED NAME FIRST	,	AIDDLE	i,	AST		20. DATE OF DEA		DAY	YEAR	2b. HOUR	
-	Title	Joseph			Dai	nhakl			11	2.1	87	11:03	Дм
Н	3. SEX	(4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	ER I YEAR DAYS	IF UNDER 24 HI	RS.
,	3	Male	white		монтн 5	9	98	89	YRS		DATS	HOURS MI	N.
1		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	NEVER A	AABBIED [9 BALTIMORE CI	TY OR COUN	TY OF D	EATH		T-VA
/	ST	Wash DC	USA		WIDOWE		VORCED [Calve	rt Cou	ntv			MD.
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCU	PATION	12b	KIND O	F BUSINESS	
7	Pr	ince Frederick		ert Memo		Hospita	1	carpen				ructio	on
Ģ		AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE C		13e.STREET ADDR					
H	100. 3	100.000	vert	North B		YESXX	NO [3801 4th					
1	140FA	THER'S NAME			00.011	15. MOTHER'S	MAIDEN NA	ME		7 2			_
P	1	Joseph	MIDDLE W	Danha	k-1	Anna	FIRST	M.	Νŧ	Te	ersch	T 1	
		AS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU		17. INFORMA	NŢ	A	DDRESS		-1001		
ì	(4	es, no or unknown) (IF yes, G	WE WAR OR DATES)	577 24	7914	H Do	lores I	Presnell	PO Box North I	217	a. MI	2071	^
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4	RTIFIC							YES NO	D	YES [OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.	M. MONTH D	AY YEAR	216. HOW IN	JURY OCCURE	RED (ENTER NATURE O	F INJURY IN ITEM I	B PART I OF	R PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		FARM, ETC)	21f LOCATIO	ON	CITY	OR TOWN	CC	VINUC	STATE	
		27a I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n 27h SIGNATURE	n 1110	19		d that in (my)	(our) opinion	deoth occurred on	he dote and h				ost
		ATMU	noti		m	. 7	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	1	11	211	87
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRES	/-						
		Dr. Munshi				D ₂	inco E	rodorial	MD 20	678			
	23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c	NAME OF C	EMETERY OR (rederick.		0/0	-		_
		SPECIFY) Burial	11-24-		rt Li			Bront		PG	YTY	MD	
	24 FI	INERAL DIRECTOR	11 6-1	U, IFO	بتا ١٠٢٢	ICOTII	250 DAT	Brentw ERECTORY REGIST	RARISS REC		SIGNAT		_

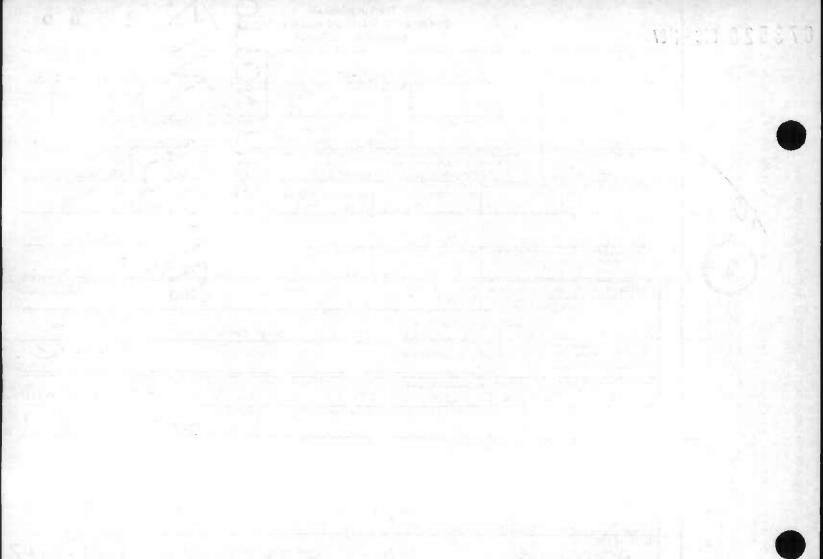
DHMH - 16 60M 7/84 (VRA 15, 4)

NAME

BP.

Rausch FH Owings, MD 20736

NOV 30 1987 Julia Deviden Randace



771704 3 h NOV 13 87	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 7	3 2	2 5	6 7
may be poge 3 er death		CEASED NAME FIRST OR PRINT) Bermi	.e	E·ugene	Dark	ast C	2a. DATE OF DEATH	MONTH DAY	YEAR 87	26. HOUR 8:25 A _M
ge 4 may ctor, pog softer d	3. SE)	Male	4 RACE Wh	ite	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
merol merol	Lo	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S	S.A.	WIDOWE		9. BALTIMORE CITY C	County		MD.
offer of the	Pri	nce Frederick	(IF NOT IN SI	rt Memoria	al Hos	ROTHER INSTITUTION Spital	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF FARMER		INDUSTRY	rulture
24 ho	13a. S	AL RESIDENCE (IF NURSING HOMES TATE 1334-COL uisiana Jack	INTY	13c. CITY OR TOW Jonesboro	N	13d. INSIDE CITY LIMITS? YES NOTE:	Route 3	ZIP CODE Box 1	14 9	9999
with ad 2	5	THER'S NAME FIRST Howard	MIDDLE	Dark		Is. mother's maiden na Lela	MIDDLE	555	Eldri	-
oerexecuted in and comp Pages I or	(1	VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G NO	RMED FORCES?	435-12-46		17. INFORMANT Ralph Day	5005 Leiter Prince Free		Mary]	and and
es that the death certificate ned by the attending physic please remove carbon paper urial, cremation, ar removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (b)_	OR AS A CONSEQUE	ENCE OF	MYOCAR SCLEROSE	RY ARI DIAL IN	FARC	Ton	
requir	ATION	PART 2. OTHER SIGNIFICANT I AS 190 DATE OF OPERATION	ETES		4170	13.	AINAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	NGS USED
Sician: The law ng physician. certificate has burial-transit permiter 18 shows an item 18 shows an	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES		OF DEATH?
NG PHYS other this of os the bur th and Me or the dor it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACI	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
ATTENDIN spital ar CTOR: Al for use d for use af Healt n 21 is mo		22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did r	n	19		, 19 nd that in (my) (our) opinion	death accurred on the d	ote and hour o	nd fram the	
ERAL OR A		22d. SIGNATURE Myce 22d. PHYSICIAN'S NAME (TYPE	the N	12 the	- w	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	111 C	3/87
O HOSPITAL stained by the control of the State with the State MPORTANT:		Mukesh Mathu		•			lerick, Md.	20678		

Mukesh Mathur, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Lee Funerak Home Clinton, Maryland

23b. DATE

Jonesboro Midway Baptist Church

Jackson

Louisiana

DHMH - 16 60M 7/B4 (VRA 15, 4)



State of Land

(073396

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CEPTIFICATE OF DEATH	

HYG	REG. NO.	6.0	
	TO DATE OF DEATH	1-87	26. HOUR 10 55 A N
g-		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	P BALTIMORE CITY OR COUNTY Calvert	OF DEATH	MD
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PILE driver		ruction
5?	13e STREET ADDRESS / ZIP CODE Box 293 Rt. 260	/20736	

William	E.	E	LIIS			11 -	21-81	10 AM
male male	4 RACE Whit	e	S. DATE C	DAY _ YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE STATE OF FOREIGN COUNTRY) Texas	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CI		Y OF DEATH	MD
CITY OR TOWN OF DEATH Prince Frederick	LIF NOT IN SUCI	OSPITAL, NURSING HEACHITY, GIVE STREET AD HOUSE NU	DRESS).	or other institution g Home	TYPE OF WORK FOR M			ruction
		GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Owings		13d. INSIDE CITY LIMITS? YES NO 🛣	136 STREET ADDRI BOX 293		0/20736	
FATHER'S NAME FIRST	WIDDLE	LAST	FL	15 MOTHER'S MAIDEN NA/ FRST U	nk		LAS	т
	RMED FORCES? IVE WAR OR DATES) A	166 SOCIAL SECURI		John Boswell	367 3rd	obress street Beach	/ 11	714
IN CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per ED BY. ATE CAUSE (0)	Cardia		Imonary			APPROXI BETWEEN	MATÉ INTERVAL ONSET AND DE ATH
Conditions, if any, which gave rise to immediate cause rise. stating the underlying cause lost.	(b)	Coron AS A CONSEQUEN	m	y arteny	direc	nse	2 n	nonths
PART 2 OTHER SIGNIFICANT	conditions co	am Sy	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ondition GI	VEN IN PART 100	3
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN	GS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		A. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
AT WORK	21e PLACE C	OF INJURY SEET, FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
sow the deceased alive a abave, (1) (1) (1) (did n	10.3	0.8719		29.87, 19 nd that in (my) (our) opinion o	death occurred an t		19	
226. SIGNATURE	Jone			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DATE	21.87
224 PHYSICIAN'S NAME TYPE	OR PRINT)	9		22e ADDRESS				

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE MD

DHMH - 16 60M 7 14 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Buria1

FIRST

(TYPE OR PRINT)

MIDDLE

24 FUNERAL DIRECTOR FH Owings, MD-020736

11-23-87

236 DATE

Southern Mem Gardens Dunkirk Calvert M

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NOV 2 7 1987 Liches Naindre Bands

mark - 12 12 12 1808 F 1 VIIV

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DHMH - 16 60M 7/84 (VRA 15, 4)

BP

FOR

JAMES

4. RACE

Calvert

(IF YES, GIVE WAR OR DATES) 1955

- STATE REGISTRAR

	DEPARTM	LENT OF H		YLAND ID MENTAL HYG F DEATH	IENE 8	7 REG.	3	2	5	6	9
٨	MIDOLE	1	AST		2a DATE	OF DE ATH	MONTH	DAY	YEAR	2b.	HOUR
E	DWARD		FREEI	AND			Nov.	1	1987		2205 M
ACE		5 DATE C		Y YEAR	6 AGE	IN YEARS LAST E	RTHOAY	MONI	OER I YEAR	IF U	NDER 24 HRS
Black	:	Jan.		1927		60	YRS	MOIVE	DATS	HO.	MIN.
ITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEV	ER MARRIED	9 BALTIA	MORE CITY	OR COUNT	Y OF	DEATH		
US	A	WIDOWE		DIVORCED [Ca	lvert	Coun	tv			MD.
	HOSPITAL, NURSIN		ROTHER	NSTITUTION	12a USU	AL OCCUPA	TION	i	NOUSTRY	F BU	SINESSOR
	ert Memor		ospit	al		nt Fir			1000111		
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ţ	Dunkirk		YES 🗌	NO 🔀		0 Kirk	SVIII	e L	ane	20	1/34
Er	eeland		_	ene	wc	MIDDLE		Wa	tkins		
FORCES?	166 SOCIAL SECUI	RITY NO	17 INFOR	MANT		ADD	RESS				
K OK DATES)	220-22-6	5578	Franc	ce Freela	and 1	0020 F	Cirksv	i 11	e Lai	ne	
ne couse per AUSE (o)	line for (a), (b), and		, m	פאין ני	۱۴۲۱	te			BETWEEN	MATE	INTERVAL AND DEATH
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DUE TO, OI	r as a conseque	nce of									
DITIONS	INTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERM	IN AL DISE	ASE OR CO	NDITION G	IVEN	N PART 1	,	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

Th. CITIZEN OF WHAT COUNTRY?

200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Calvert

P.M 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.)

COUNTY STATE STREET CITY OR TOWN (our) opinion death accurred on the date and hour and from the causes stated

of ofter death.

MS ATTENDING PHYSICIAN 22e ADDRESS

20678

211 LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED 11-7-61

Ronald 230 BURIAL, CREMATION, REMOVAL 236 DATE

23¢ NAME OF CEMETERY OR CREMATORY Coopers Chr. Cem.

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and that

DEGREE

23d LOCATION Dunkirk

STATE Md

24 FUNERAL DIRECTOR

Buria1

Spencer E. Sewell

1451 Dares Beach Rd. Prince Frederick, Md

05 - 87

250 DATE REC'D BY REGISTRAP 255 REGISTRAP SEIGNATURE

10:51 7 7 7 1 1 10

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DECEASED NAME TO DATE KNOWN TE MONTH (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR. FOR YOUR FILES. DIWITHIN HOUR DEATH MATED Charles Lee Gouah 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF LINDER 24 HRS DATE LAST BIRTHDAY) 12:59 PRONOUNCED Jan. 29 1955 DEAD 11-21-1987 32 Black Male 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Jes BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY! DIVORCED Calvert County Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Calvert Memorial Hospital Prince Frederick RETAIL SHOULD BE Labor LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY 20678 1307 Mason Rd. Calvert Pr. Frederick Maryland 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME ALONG WITH FOR PALEDING WITH FOR PALEDING WITH FOR PALEDING PAGES 1 HYGIENE, DIVISION MIDDLE FIRST Heigh Gough Gertrude John 130PPRMason Rd. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Elizabeth Gough Prince Frederick, Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Cirrhosis of the liver IMMEDIATE CALISE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (h) Chronic Alcoholism gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0| CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURLIAL YES SO NO . 71g. EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 211 LOCATION STREET PACTORY FARM STC.) STREET CITY OR TOWN STATE WHILE AT WORK sins described above, held on Autopsy death resulted from Notwroll couses Accident Undetermined manner TITLE (SPECIFY) 11-21-87 ACTUAL Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek M.D. 111 Penn Street, Baltimore, MD 21201 ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Carroll Western Cem. | Prince Fred Carvell | 1750. DATE REC'D. BY REGISTRAR | 756. REGISTRAR'S SIGNATURE Burial 07/84 25M 24 FUNERAL DIRECTOR 1451 Dares Beach Rd. **DHMH - 17** Spencer E. Sewell Prince Frederick, Md (VR A15 ME (5))

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Called Tolker Tee State Called William

Spencer E. Sewell Prince Frederick, Md

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(VRA 15, 4)

STATE OF MARYLAND

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O TO U DEC	-ורן	REGISTRAR			DEI AI		CATE OF DEAT		REG. I	NO.		
		CEASED NAME	FIRST	,	MIDDLE	l	AST	20	DATE OF DEATH		DAY YEAR	26 HOUR
page 3	,	OK TRINETY	Geor	oe Ma	itland	No 1	COD		Nov. 25	1987	1	4:05p _M
I director, po	3. SE	•	4.1	RACE		5. DATE C	F BIRTH	É.	AGE (IN YEARS LAST E		AONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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2 ho		RTHPLACE (STATE OR FI			WHAT COUNTS	MARRIE	NEVER MARR	HED D	BALTIMORE CITY	OR COUNTY	OF DEATH	
thun 72 h	Pe	ennsylvania		SA	I D C D I T A A M I D	WIDOWE		ED 📗	Calve	rt		MD.
illed with	Pri	nce Freder	ick	Calver	t'Menor	TareHos	rother INSTITUT	10N 112	type of work for most lable Spl	of working life icer	industry C&P T	of Business or elephone
E a F	USU. 13a, S	AL RESIDENCE (# NURSI	136. COUNTY	ER INSTITUTION	13 CITY OF TO	FORE ADMISSION)	13d. INSIDE CITY LI	IMITS? 13	e. STREET ADDRESS	,	2068	
			Calve	ert	St. Le	eonard	YES NO	OD E	33, A	ve. B.	Calver	t Beach
2011		THER'S NAME	MIDI		LAST		15. MOTHER'S MA		MIDDLE		LAS	ST
OF		ohn Maitlar			16b. SOCIAL SE	CUBITY NO	Lottie S	tratto	ADD	DECC.		
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and on the		PART I. DEATH W.	1 (Enter only o AS CAUSED B IMMEDIATE C			a ent	em'	· è	Vant.	tour	A C COLO	ONSET AND DEATH
000			IMMEDIATE C						V O(1		July	man.
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ose remoti cremoti ather tra		couse (o), stating underlying couse	lost.	DUE TO, OI	R AS A CONSE	QUENCE OF						
Then pled to burial injury, or	7	PART 2. OTHER SIGN	IFICANT COM	NDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO T	THE TERMINA	AL DISEASE OR CO	NDITION GIVI	EN IN PART 1	0'
mit. The prior to any inju	CERTIFICATION		1000	Tim covin	T10.150B.181	CII OBERATIO	N WAS PERFORME		20a AUTOPSY?	ant IF VEC	, WERE FINDI	Nocues
	FIG	19a DATE OF OPERAT	NON-	196 COND	II ION FOR WHI	ICH OPERATIO	N WAS PERFORME	١ ١		IN CERTIF	YING CAUSES	OF DEATH?
Hygiene 8 shows	E	210. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		121c HOW INJURY	OCCURRED	YES NO		ART L OR PART 2)	NO 🗌
ental Hy	_	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH				(211724 1147642 51 71			
us certificate burial-transif Mental Hygi ar Item 18 sh	MEDICAL	(IF EITHER NOTIFY MEDIC		P. 21e. PLACE		19	211. LOCATION					
ofth ond marked o	WE	WHILE NOT WH	LE 🗍		REET, FACTORY, OFFI	CE FARM ETC)	STREET		CITY OR	OWN	COUNTY	STATE
OR: A		22a.l certify that (I)		ottended th	e deceased fro		. 19		, to			that (I) (we) lost
d for		sow the decease above, (I) (we) (d	id) (did not) v		ofter death.			opinion dec	oth occurred on the	dote and hour		
DIRECT ached fo Dept. of If hem 2		22b. SIGNATURE		16	sdan		DEGREE	NDING	MEDICAL ST	AFF		SIGNED
A det		Noum	مى		SILIKY	V.	PHYS	ICIAN X	DIRECTOR PHYS		11	/25/87
d be		22d. PHYSICIAN'S NA			M D		22e ADDRESS		36 1	1	0000	0
should be detor with the Stote		Kioumar			-				n, Maryl	and	2063	9
- 0 / 2	23n E	URIAL, CREMATION, I SPECIFY) Irial	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE
			Danala	11-28-	1987	Waters	Memorial	Churc	h St. Le	nard,	Calver	
6 50M 1/81 A 15, 4)	74 F	264, Box 3	noustq	A . BC	ADDRES	Manage = -	שמאמר הי	DOL DATE R	60 1987 130 1987		Davides	
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		REGISTRAR				C	TOTAL OF PEATE		REG. NO.			
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF	DEATH MO	DATH DA	AY YEAR	2b HOUR
	(ITPE	: OKPKINT)	Ada		C.	No	ewton		1	1-23-	.87	6:45a M
	3. SE2	X	Add	4. RACE		5. DATE	OF 8tRTH	6 AGE (IN YE	IF UNDER 24 HRS			
		male		White		May	7, 1895 YEAR	92		YRS.	ONTHS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR I	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
1	V1:	rginia		USA		WIDOW		C	alvert	Coun	ity	MD.
9		Prince Fre	deri	k (IF NOT IN SUC	alvert ME	MORIA	OR OTHER INSTITUTION AL HOSPITAL		CCUPATION FOR MOST OF W CWLTC		12b. KIND O INDUSTRY Home	emaker
5	130 S Ma:	AL RESIDENCE (IF NURS STATE ryland	136 COUI	other institution. MTYvert	St. Leon	N	13d. INSIDE CITY LIMITS?	13e.STREET A	ADDRESS / Z	1P CODE 493,	20685	
4	1	Seph 0 Roa	rk	MIDDLE	LAST		15. MOTHER'S MAIDEN N Margaret		WIDDLE		IAS) T
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS			
	No		N/		578-52-2	2326	Charlotte	Browne	, Same	as #	13 A-E	£
		18. CAUSE OF DEAT PART I. DEATH W Conditions, if any, gave rise to im- couse (o), stofin underlying cause	AS CAUSE IMMEDIA , which mediate ng the	DUE TO, O		O PO	obst-ution	Brist			BETWEEN	IMATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGN QUYNCY 190. DATE OF OPERA	el a	ide,	0347:0	3	NOT RELATED TO THE TER	_	12 (~12)	Ob IF YES,	1.	NGS USED
	ERTI	21a. ACCIDENT WAS UNI	DERLYING [7 21b. TIME O	F INJURY		21c. HOW INJURY OCCU	RRED (ENTERNA	NO	YES		но 🗌
1		OR CONTRIBUTING		MIN	M. MONTH DA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	MEDICAL	21d. INJURY OCCURI	RED	71e PLACE		ARM, ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a.1 certify tha					19 8	, ta	17/23		31	that (II) we) last
		sow the deceose obove (I) (we) (c	ed alive or did) (did no	t) yiew the body	after deoth.	, a	nd that ir (my) (our) opiniar	n deoth occurred	d on the date	and hour		
		22b. SIGNATURE	Rut	6/VL			DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF	и	22c DATE	SIGNED
		224 PHYSICIAN'S NA	ILS	ROSS	cm.		22e ADDRESS Prince	Fred	-ich	- /	no	
	1	BURIAL, CREMATION,	REMOVAL			AME OF	CEMETERY OR CREMATORY	23d LOCA	ATION OR TOWN		COUNTY	STATE
	Bu	rial		11-25	-1987 Mi	dland	Cemeter	MAAT.	and The		37.4	

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR Donald V. Borgwardt
Rt 264, Box 34B, Port Republic, Maryland 20676

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
NOV 30 1987

Julia Dandon Landon

Nay 2, 1895 98 haryland Calvert St. Leonard X Sh 2, pox 467, 20685 manifette desegnati JOSEPH O'RORDE 2-v fil ne oned gunora attoinant dSFS-Sc-SFS AM in tetra fold of financial

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mpletely filled in by the funeral director, page 3 and should be filed within 7 nours after death

within 24 hours ofter death. Page 4 may

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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		REGISTRAR				C	ICAIL OI I	PERIII	REG. NO.							
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	3. SE	x		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HOURS	MIN.		
-	1	Male		White		11	15	21	6	6 YR		DATS	HOURS	WIN.		
7	70. BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	1.	D NEVER	14144	9. BALTIMORE CITY OR COUNTY OF DEATH							
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	10 CI	TY OR TOWN OF			HOSPITAL, NURSIN	IG HOME C			120 USUAL OCC	UPATION	12		F BUSINESS	MD.		
9	١,	Die Frede	ماه څمه		CH FACHITY, GIVE STREET				Cable S	MOST OF WORKIN		elep	hone			
-	USU	Pr. Frede	URSING HOME OR	OTHER INSTITUTION	rt Memori GIVE RESIDENCE BEFORE		Spital.									
5	13a. S	MD	13b. COUN	vert	Ches Be	N	13d, INSIDE C	NO 🗌	130. STREET ADD 5140	ress Rosema	ry Di	:ive/	′ 20 7 32	2		
1-2	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NAA	AE					_		
1)		Harold		E.	Newto	n	Elea	nor	MH	DDLE	Andei	rson	т.			
100		VAS DECEASED EV			16b. SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS						
0	()	yes, no or unknown) Yes	MM (# AEZ' GIAI	II	578 20 4	1444	Cathe	rine G.	Newton	(same	as :	13)				
		18 CAUSE OF DE	ATH (Enter an	ly ane cause per	line for (a), (b), and	d (c).)	_				L	BETWEEN	MATE INTERVA	AL EATH		
		PARTI. DEATH	I WAS CAUSEI	D BY: E CAUSE (a)	acute m	Lyocar	deal i	nforction				he	cus			
		-			R AS A CONSEQUE	J.		U								
		Canditions, if a	ny, which	(b)	Corone		ston	Busine								
		gove rise to cause (a), sta	immediate	10/_			1									
		underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF										
		PART 2 OTHERS	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUIT	NOT BELATED	TO THE TERM	NAL DISEASE OR	CONDITION	CRIENTA	DADT 1		_		
.	N O	The state of the s	OTTI ICAITI C	ONDITIONS CO	ON THE OWNER OF L	ZEATH BUT	NOT KELATEL) TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN	N IN PART 1(0)				
7	CERTIFICATION	19a DATE OF OPE	RATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY	2 20h IF	YES WEE	RE EINDIN	NGS USED			
71	F		_			0.2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IN CE	RTIFYING	CAUSES	OF DEATH?	?		
4	ERT	210 ACCIDENT WAS	INDERIVENCE TO	21b. TIME O	E INTUIDY		Tale HOW IN	LILIBY OSSUBB	YES NO	_	YES [NO 🗆			
1		OR CONTRIBUTING		11-11-11	M. MONTH DA	YEAR	ZIC HOW IN	IJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	IB PART 1 C	R PART 2)				
	OA	(IF EITHER NOTIFY M				19										
1	MEDICAL	21d. INJURY OCCI		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC.)	21f LOCATIO		CIT	ORTOWN	C	OUNTY	STAT	1E		
	^	AT WORK AT	WHILE .							,						
8 1		220.1 certify that	(I) (this haspit		e deceased from	11/2		. 19 \ \(\)	, 10	12%			that (I)			
		saw the dece	ased alive on	Twiew the bady	Otter death	67, an	d that in (my)	aur apinian d	eath accurred an	the date and	hour and	from the	causes state	d		
		226. SIGNATURE	Marie Marie	micw me oddy	uner death.	I	DEGREE				12	22c. DATE	SIGNED	_		
7		00 000	n wich	mo -	or Monte	Kush	NE MP	ATTENDING PHYSICIANI	MEDICAL DIRECTOR P	STAFF		11/29	187			
7		22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)	0		22e ADDRES		DIRECTOR	HISICIAN	`		/ /			
/		Chaulan	1	M D E	ou Moude I/	م مطامري	MD	Diada	os Francis	nsi ale 1	[برمرحا	and				
-	22- 0				or Mark K				<u>ce Frede</u>		dary	anu				
	230 B	URIAL, CREMATIO	N, KEMOVAL	12-1-8	7 Sou	ithern	Mem.	CREMATORY Gardens	23d LOCATION	WN	cou	NTY	STAT	TE		
									Dunki		alver		MD			
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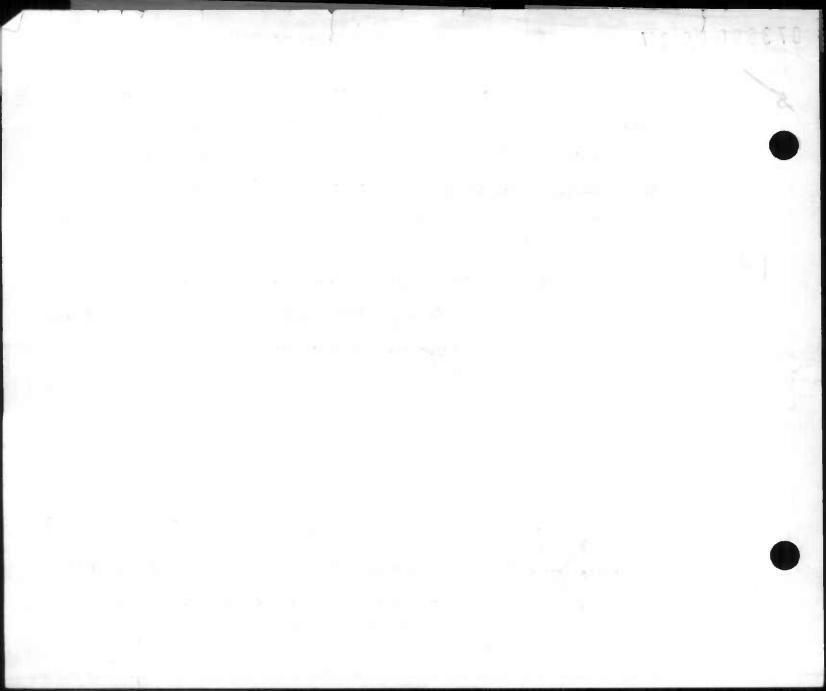
DHMH - 16 50M 1/8I (VRA 15, 4)

TO FUNCEAL DIRECTOR. When this centricate has been signed by the ottending physician should be detached for one or the burnol-maint permit. Then please remove corbon papers: Permit the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAM. The faw requires that the death certificate

retained by the hospital or

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death conflictions is executed. The properties of many properties of many participants and physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical in and complete. The fine of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove calloo papers and the state of the little within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, are removed.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic events the medical at Online rature to our led of once.
	TO HC	shoul with	IMPO

FOR

STATE OF MARYLAND		reseta	27.00	-		wrigg	ipter.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	7	3	2	C	1	5
CERTIFICATE OF DEATH		DEC 110					

071009 NOV -8	87	STATE REGISTRAR					ICATE OF DEATH		REG. N	0.	6.00		, ,
oy be oge 3 death		CEASED NAME E OR PRINT)	PIRST		K.	Sch	wenk	20	a. DATE OF DEATH	11	03		25. HOUR 2:14 am
ge 4 moy ector, poe	3 SE	× Female		4. RACE White		5. DATE C		AR	AGE (IN YEARS LAST BIR		IF UNDER		IF UNDER 24 HRS HOURS MIN.
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br carcar		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	578 48 4		John Pete	er Sch		Pa Dunk:	irk,	MD 2	20754
II., BAL	13	18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per BY: F CAUSE (a)	line for (a), (b), one Metasta:	tic B	reast Canc	o h			BE.	_	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death conference enterthing physician. The this certificate has been signed by the attending physician incomplete in the burior transity permit. Then please remove callon, tapen and the physician private that have a private prior to buriol, cremation, or removed at them 18 shows any injury, or other traumatic enemials modified as a complete and the physician prior to buriol, and the properties are the prior to buriol, and the physician private that the physician private	NOI	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									IVEN IN P	ART 1(0)	
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O HOSPITAL TO FUNERAL should be det with the Store		Anne Spa	itzer,	M.D.			Ou	wings	sapeake B			Eas	t
BP	23a. I	BURIAL, CREMATION, ISPECIFY Burial	REMOVAL	236 DATE 11-6-8			emetery or crematection Ceme		cilinton	PG	COUNTY	N	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Rausc	h FH	OWINGS	, MD ADD 207	36	2!	So DATE RI	V 5 1987				P. Jago

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 17 EASED NAME 7a. DATE KNOWN 26 HOUR PE OR PRINTA OF ESTI-DEATH MATED Edward Voorhaar 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS. DATE 7d. HOUR LAST BIRTHDAY YOUR ! DEAD 08 20 19 8700504 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MD USA DIVORCED Calvert WIDOWED B. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TZO USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY IN 24 HOURS AFTER DEATH. IF ANY DELA IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO ALONG WITH FORM PM. 3. RETAIN PAGES SIT FERMIT. PAGES IGAND 2 SHOULD BE HYGIENE, DIVISION OF VITAL REGORDS, Calvert Memorial Hospital Prince Frederick n/an/a SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO X Rose Haven Calvert california Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Edward Voorhaar Florence A. Netherton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) n/a 215 06 0792 no Rev. Edward Voorhaar (same as 13) 18 CAUSE OF DEATH (Enter only one cause per ling for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXPENSES. RECUTE THE CERTIFICATE, WRITING THE WORD "PRODICA", IN PERA 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI BALTIMORE, MARYLAND, 21391 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC. I CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection deoth resulted from: Natural causes Homicide Undetermined monner HTLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME EMAD AL-BANNA, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

07/84 BP. 25M **DHMH - 17**

(VR A15 ME (5))

74 FUNERAL DIRECTOR Rausch FH

Burial

Owings, MD

Friendship UM Church

23d. LOCATION Friendship 250. DATE REC'D. BY REGISTRAR

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Nous offers	2.66	1		4	R	Weisma	n	6	1 19	87	2:25		
1 1				4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 2		
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		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	(? B	□ NEVER MARRIED □	9 BALTIMORE CITY O	-	FDEATH			
١		ryland		USA		WIDOWED	DIVORCED [Calver	t	-			
)		nce Freder			HOSPITAL, NURS HEACILITY, GIVE STREI PULL		OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife		126 KIND OF BUSINESS OF INDUSTRY Homemaker			
		AL RESIDENCE OF NURS	13b COUN Calv	OTHER INSTITUTION		DRE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS /	20678	20678			
		orge W. Ra	wling	MIDDLE	LAST		Bessie R. R						
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES ON	WAR OR DATES)	215-40-	3700	Carolyn W. C		ss 1945 ntingt	own, M			
other froumas		Canditians, if ony, gave rise to imm cause (a), stotin underlying cause	nediote g the)	Arterios R AS A CONSEO		ie Vascular i	isease					
lou's or	Z	PART 2 OTHER SIGN	HFICANT (CONDITIONS CO	INTRIBUTING TO	DEATH BUT N	IOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN	IN PART II	0		
9	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES			
9		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	ORPART 2)			
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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Our Lady Star of the Sea, Solomons, Calvert, Maryland

1t | 250, DATE REC'D. BY REGISTRAR' 25B. REGISTRAR'S SIGNATURE Burial 11-21-1987

231 NAME OF CEMETERY OR CREMATORY

Prince Frederick, Md. 20678

24 FUNERAL DIRECTOR Donald V. Borgwardt
Rt 264, Box 34B, Port Republic, Maryland 20676

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍 CERTIFICATE OF DEATH

MILLIAN CELLICON

2	FOR STATE REGISTRAR			DEPARTA		EALTH AND A		REG.	ن ۷٥.	2	Š	7	8
	DECEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DEATH	MONTH	DAY	YEAR	26. HOU)R
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3.	SEX		4. RACE		5. DATE C			6 AGE (IN YEARS LAST E	IRTHDAY]		RIYEAR	IF UNDER	
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	COUNTRY) MD		US	SA	WIDOWE	D NEVER W	ORCED	Calve	nt				MD.
10	CITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INST		12a USUAL OCCUPA		12b	KINDO	F BUSINI	
P	rince Freder	rick		Memoria		pital	135	Oper. Eng	ineer	LIFE] INC	S Go	v't	
l i	ISUAL RESIDENCE (IF NURS 30. STATE MD	13b. COUN Calv		13c CITY OR TOW North Be	admissioni Pach	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS Dayton Av	7 ZIP CO	DE 1714			
1	L FATHER'S NAME	Carv				15. MOTHER'S		A	C . / 20	/			
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4	James 60. WAS DECEASED EVER	IN H S AR	MED FORCES?	Welc		Lat 17 INFORMAL		ADD	RESS.			1	
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4	22a. I certify that (I) sow the decease obove, (I) (imp) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA	od olive on did) (did no	P. S	atter death.		DEGREE MA A 220. ADDRESS	TTENDING PHYSICIAN	to	AFF ICIAN 🗌	27	rom the	that (I) (couses st	oted
2	30. BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR C		Izad LOCATION	114 0	2007			
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2	4 FUNERAL DIRECTOR	Rausch	r FH Ov	vings, MD	207:	36	25a	TAGO DEFOL	R 256 REG	STRARS	SIGNAT	VRE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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v .	0	REGISTRAR		*			CAL EXAMI	NER'S	CERTIFIC	CATE	OF DEA	TH	REG. NO	D	***				
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-		18 CAUSEO	FDEAT	H (Enter anly	one cause pe	er line for	(a), (b), and (c).)		4			0	-	9	APPI	ROXIMATE	INTERVAL AND DEATH		
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/	TIF														YE	s 🗆	NO 🗌		
-	CER	21a. EXTERNA				ME OF INJ	URY ONTH DAY YEA	AP 21c H	HOW INJURY	OCCURR	ED (ENTERN	ATURE OF INJUI	RY IN ITEM 18	PART I OR PA	RT 2)				
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<		EXAMINER'S (TYPE OR PRII			Emad	AlBan	na		_ADDRESS_										
	15	URIAL, CREMA					23c. NAME OF C				23d. LO	CATION		COU	NTY	STA	(TE		
	En	tombmer	nt	1	1-4-8	7	Morel	and l	Mem. Pa	ark	Pa	rkvil	le,	Balt	to.,	Mo	d.		

07/84 25M **DHMH - 17**

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI

24 FUNERAL DIRECTOR 1050 York Rd. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc., Towson, Md. 21204 NOV 05 1987

7185

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

nnapolis A.A. MD

D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NOV

	REGISTRAR				4			REG.	NO.				
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	?
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3. SE	X		4. RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UN(DER TYEAR	IF UNDER 2	A HRS
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M	aryland	HE I	U.S	.A.	WIDOWE		VORCED	Cal	vert	Cour	ity		MD
10. C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCUPA			KIND O	F BUSINES	SSOR
Pr	. Frederi	ck /				Hospit	al	Retire				rman	
	AL RESIDENCE (IF NO	RSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE (TTV 1 IAAITCO	138 STREET ADDRES				- 10	
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II E	ATHER'S NAME					15 MOTHER	S MAIDEN NA	ME	0 110	J 13 CL			
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and it	YES NO OR UNKNOWN)	WW	II	218-07-	10904	Edi	th D.	Witt	#]		L)		
	18 CAUSE OF DEA	TH (Enter on	v one couse per	line for (a), (b), on-	d (c).)					T	APPROX	MATE INTERV	/AL
	PART I. DEATH	WAS CAUSED	BY:			NARY	ARR	F3 [DETTAILE	ON SET AND C	LAII.
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ATI	190 DATE OF OPER	ATION		ITION FOR WHICH				20a AUTOPSY?				NGS USED	
IFIC								YES IN NOT	IN CER	YES T	CAUSES	OF DEATH	1?
CERTIFICATION	21a. ACCIDENT WAS U	NDERLYING	21b. TIME C	FINJURY	_	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF IT	HIRY IN ITEM		RPART 2)	140	
	OR CONTRIBUTING		"	M. MONTH DA				(2)					
MEDICAL	(IF EITHER, NOTIFY ME		P. 21e. PLACE		19	211 LOCATI	ON.						
WE			(AT HOME, ST	PEET, FACTORY, OFFICE, F	ARM, ETC)	STREE		CITY OR	NWOT	C	YIMUO	STA	ATE
	AT WORK AT W	ORK			//	1/10			4.43		N 0		
	22a. I certify that I		ol) ottended th	e deceased from_	87	117	_, 19	, to	0	19		that (w	-
	abave, (1) (we)	(did) (did not	view the bady	after death.			(our) apinian o	death accurred an the	date and h				ed
	J74 SIGNATURE	11/	1/20	11		DEGREE	ATTENDING	MEDICAL SI	AFF	12	22c. DATE	SIGNED	
	6	R-1	8//1	rigel	14	0	PHYSICIAN				11-1	10-8	2
	22d. PHYSICIAL VS	VAME (TYPE OF	PRINT)			22e ADDRES							
	John	Wedge 1	. M.D.			30 X	262-0	- PRINCE	FRE	7)510	1CK-	· MD	240
	BURIAL, CREMATION		23b. DATE	23c. N	NAME OF C	EMETERY OR		23d. LOCATION					
	Burial		Nov. 1	3.1987	Hill	crest		Annapo	ie	A A	-	i D	ATE
24 F	UNERAL DIRECTOR			, , , , , ,			25a DAT	E REC'D. BY REGISTRA					

Taylor Funeral Chapel, Annapolis, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

WPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar ather trour

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A Company Charges, Americalism, In Mily & S. 1987 Line of the Company of the Comp

072040 NOV

FOR STATE REGISTRAR

	TA	TE OF	MARY	LAND	
DEPARTMENT	OF	HEAL	TH AND	MENTAL	HYGI

IENE 8 CERTIFICATE OF DEATH

REG. NO.

		DECEASED NAME FIRST MIDDLE LAST 1/PE OR PRINT)							20 DATE OF DEATH MONTH DAY YEAR 26. HOUR					
	(117E	Carroll C. Wood							11/ 12	/87		8000	M	
	3. SE)		Carroll L. Wood			5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY)		FUNDER I YEAR	IF UNDER 24 HR	5	
		Male		Wh	ite	MONTH	9 13	12	75		ONTHS DAYS	HOURS MIN	i.	
100	7a BI	RTHPLACE (STATE OR F	OREIGN		OF WHAT COUNTRY?		8		9 BALTIMORE CITY OR COUNTY OF DEA				_	
	(ryland		USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		- L Calvent						
5		Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN					120 USUAL OCCUPATI			OF BUSINESS O	AD.			
-		Pr. Freder	Calver		orial Hospital			Painter	F WORKING LIFE)	Self	Emp.			
100	13a. S	USUAL RESIDENCE (IF MURSING HOME OR OTHER 38. STATE 13b. COUNTY Calver		TY	Y 13t. CITY OR TOWN		136 INSIDE CITY LIMITS?		13e.STREET ADDRESS	ZIP CODE				
2				ert St. Leon				Box 101 B, 20685						
٨	14. FATHER'S NAME FIRST George Warren Wood				15. MOTHER'S MAIDEN NAM REST Mamie Muhl			MIODLE LAST						
		60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (18 YES, GINE WAR OR DATES)		16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS										
	No			WAR OR DATES	214-18-8615 Lucille B. Wood, Same as #13 A						A-E			
	N	18 CAUSE OF DEATH PART I. DEATH W	H (Enter an	y ane cause per	line for (a), (b), and	d (c).)					APPROX BETWEEN	MATE INTERVAL	-	
				BY: E CAUSE (a)	8 loc	food	rech	mice	Disso	cicho				
		C-div		DUE TO, OR AS AGONSEQUIENCE OF Acute Myo cardial Totalion -										
	11	Canditians, if any, gave rise to imm cause (a), statin	(b)_											
	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF													
	z	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	a		
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPI					N WAS PERFOR	MED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED					
Z	RTIFIC											NO [
9		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING PARTY MEDICAL EXAMINER)			Y YEAR	YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
	S.				19	1011 1 0 0 1 710					_			
4	MED	21d. INJURY OCCURR	ILE 🗀	21e PLACE (DE INJURY EET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE		
		AT WORK AT WORK									0	41 N N 1-	_	
		saw the deceased alive on												
/	abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE /									/		22c. DATE	SIGNED	-
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/12/87												
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS							
	310	Atul Sk	nah, N	1.D.			Pr.	Frederi	ck, Md. 2	0678	-			
		BURIAL, CREMATION,	REMOVAL				EMETERY OR C		23d. LOCATION		COUNTY	STATE		
		rial		11-14		sley	Methodi		. Pr. Fred				•	
	24. FL	FUNERAL DIRECTOR Donald V. Borgwardt												
	Rt	264, Box 34B, Port Republic, Maryland 20676												

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is marked ar Item 18 shaws

one lies tednist little little little plant Calvert St. Leonard X Dox 101 s. 20585 hoof angues orgon Test translate H. Nood, James 25 4 13 Kmi mention action over an auditorial to test to the little to

Tought V. Bogskill.